

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF COLORADO, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

DECLARATION OF DR. CLARLYNDA WILLIAMS-DEVANE

I, Dr. ClarLynda Williams-Devane, declare as follows:

1. I am a resident of the State of North Carolina. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

2. I am currently employed by the North Carolina Department of Health and Human Services (“NCDHHS” or “Department”) as Chief Deputy Secretary and Deputy Secretary for Operational Excellence (together “Chief Deputy”).

3. As Chief Deputy, I serve as the second-in-command for NCDHHS and play a critical role in overseeing and ensuring the efficient operation of the agency. I support the Agency Director in formulating and implementing strategic policies, managing day-to-day operations, and coordinating agency-wide initiatives.

4. Our agency recently received 10 award terminations from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA). The total value of the funding at risk for the terminated awards is over \$230 million. The Department was notified that all award

terminations were “for cause” based on the end of the COVID pandemic. No communication or notice has been received that indicated the award termination was based upon any action or failure of NCDHHS to follow the terms or conditions of the grants as appropriated by Congress.

5. The elimination of North Carolina’s CDC grants is about more than just dollars. The abrupt termination of these awards is directly and immediately impacting the work of multiple programs within the Division of Public Health (DPH) as well as local public health departments and community partners who are subgrantees and contractors, many of whom rely on these awards for their day-to-day operations and community health programs. The terminated awards fund DPH staff and contractors, and DPH does not have the financial capacity to fund all of these positions through other funding sources. The employees who will stop work as a result of these grant terminations include epidemiologists, community health workers, data scientist, nurses and other highly skilled and trained workers.

6. The loss of funds and workforce in turn has significant and immediate implications for programs fulfilling critical public health functions in North Carolina. Termination of these services means loss of funding for dedicated staff to detect and respond to outbreaks in some of the state’s most vulnerable populations. For example, the terminated programs support tracking and responding to ongoing outbreaks of infectious diseases in high-risk settings, such as nursing homes, hospitals, assisted living facilities, correctional facilities, and homeless shelters. Additionally, the loss of the supplemental funds would directly impact DPH’s ability to perform continued surveillance and monitoring work for COVID-19 variants, existing and emerging, and monitoring is critical in helping the state respond to future COVID-19 outbreaks and proactively guiding public health interventions to save lives. These services are also important for detecting and monitoring routine outbreaks such as influenza and future threats of uncommon outbreaks such as the H5N1 bird flu. The reporting and analyzing of infection data is necessary to effectively control and prevent the spread of infections and to optimize infection control for livestock as well as humans.

7. The elimination of the SAMHSA funds also has a devastating impact on North Carolina. The abrupt termination of these awards is directly and immediately impacting the work of multiple programs within the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS) and the Office of Rural Health, as well as our community partners who are subgrantees, many of whom rely on these awards for their day-to-day operations and community health programs. The terminated awards fund DMHDDSUS staff and contractors, and DMHDDSUS does not have the financial capacity to fund all of these positions through other funding sources. The employees who will stop work as a result of these grant terminations include mental health therapists, substance use treatment specialists, and other highly skilled and trained workers.

8. The loss of funds and workforce in turn has significant and immediate implications for programs fulfilling critical mental health and substance use disorder treatment functions in North Carolina. For example, one of the many programs that received this funding to help address substance use recovery and mental health, was our collegiate recovery programs, targeting a group very hard hit by COVID, leading to increase in substance misuse and social isolation. The collegiate recovery program operate in 14 colleges and universities in North Carolina. Termination of this program means a loss of services dedicated to providing a supportive environment within the campus culture so that as our adolescent and young adult population transition out of their family homes, they have the support necessary to continue to create a lifestyle free of substance misuse. Additionally, the loss of the supplemental funds would directly impact programs that address the opioid epidemic which intensified during the COVID pandemic. These program treat overdose patients by providing them with naloxone kits and connections to recovery clinics for opioid addiction. In addition to saving lives, these programs have substantially reduced the number of overdose emergency department visits as shown by the 2023 total of 17,532 overdose visits dropping to 12,447 in 2024. Most of the overdose patients are uninsured so the decrease of 5,085 visits helps to reduce the financial burdens associated with emergency room visits. The funding from these grants also help

support opioid community clinics that provide stopgap services to divert those with mental health needs away from costly emergency department visits and hospital admissions.

9. To simplify the summary of these grants, I have grouped the award terminations together according to source and category, and listed the impacted services and organizations in more detail below:

CDC Immunization and Vaccines for Children Grant Supplements

10. The funding period for this grant, and associated amendments and supplements, was from July 1, 2019 through June 30, 2025.

11. The remaining funding at risk for this grant, and associated amendments and supplements, totals \$67,244,046.

12. Since July 2019, NCDHHS has used these grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and NCDHHS' grant application.

13. Initiatives and programs that will be adversely impacted by the termination of these grant funds include modernizing the North Carolina Immunization Registry, mobile outreach through Federally Qualified Health Centers (FQHCs), and partnerships with Tribal Communities and others.

14. Organizations that will be adversely impacted by the termination of these grant funds include 77 local health departments, the Commission of Indian Affairs, and the North Carolina Community Health Center Association and others.

15. NCDHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide this grant funding it had awarded to NCDHHS.

16. Prior to the grant award termination on March 25, 2025, CDC had never provided NCDHHS with notice, written or otherwise, that the grant administered by NCDHHS was in any way unsatisfactory or out of compliance with the terms of the award.

CDC: Epidemiology and Laboratory for Prevention and Control of Emerging Infectious Diseases Supplements

17. The funding period for this grant, and associated amendments and supplements, was from August 1, 2019, through July 31, 2026.

18. The remaining funding at risk for this grant, and associated amendments and supplements, totals \$115,529,079.

19. Since August 2019, NCDHHS has used these grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and NCDHHS' grant application.

20. Initiatives and programs that will be adversely impacted by the termination of these grant funds include completion of State Lab expansion, Early Warning System for emerging threats, County-based nurses to conduct disease investigation, and electronic reporting of lab results and others.

21. Organizations that will be adversely impacted by the termination of these grant funds include Community Care of North Carolina, UNC-Chapel Hill, UNC Health, Wake Forest University, Cone Health, Novant Health, and Mission Hospital and others.

22. NCDHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide this grant funding it had awarded to NCDHHS.

23. Prior to the grant award termination on March 25, 2025, CDC had never provided NCDHHS with notice, written or otherwise, that the grant administered by NCDHHS was in any way unsatisfactory or out of compliance with the terms of the award.

CDC: National Initiatives to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minorities

24. The funding period for this grant, and associated amendments and supplements, was from June 1, 2021 through May 31, 2026.

25. The remaining funding at risk for this grant, and associated amendments and supplements, totals \$6,635,846

26. Since June 2021, NCDHHS has used these grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and NCDHHS' grant application.

27. Initiatives and programs that will be adversely impacted by the termination of these grant funds include Community-based organization and Community Health Worker outreach to those impacted by Hurricane Helene in Western North Carolina, cessation services for Quitline, Tribal partnerships for smoking cessation and others.

28. Organizations that will be adversely impacted by the termination of these grant funds include the Commission of Indian Affairs and North Carolina A&T State University and others.

29. NCDHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide this grant funding it had awarded to NCDHHS.

30. Prior to the grant award termination on March 25, 2025, CDC had never provided NCDHHS with notice, written or otherwise, that the grant administered by NCDHHS was in any way unsatisfactory or out of compliance with the terms of the award.

CDC: NC Community Health Workers for COVID Response and Resilient Communities: Supporting Communities and Populations Hit Hardest by COVID-19

31. The funding period for this grant, and associated amendments and supplements, was from August 1, 2021 through August 30, 2025.

32. The remaining funding at risk for this grant, and associated amendments and supplements, totals \$2,407,547.

33. Since August 2021, NCDHHS has used these grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and NCDHHS' grant application.

34. Initiatives and programs that will be adversely impacted by the termination of these grant funds include outreach to improve access to care, North Carolina Community Health Workers Association (NCCHWA) coordination of training and certification, integration of community health

workers into the North Carolina Community Health Center Association (CHC) Care delivery model, data for certification and evaluation process for NCCHWA and others.

35. Organizations that will be adversely impacted by the termination of these grant funds include the NCCHWA, CHC, and UNC Pembroke and others.

36. NCDHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide this grant funding it had awarded to NCDHHS.

37. Prior to the grant award termination on March 25, 2025, CDC had never provided NCDHHS with notice, written or otherwise, that the grant administered by NCDHHS was in any way unsatisfactory or out of compliance with the terms of the award.

SAMHSA: Substance Abuse Prevention, Treatment, and Recovery Block Grant – SUPTRS FY 2021 ARPA Funding

38. The funding period for this grant, and associated amendments and supplements, was from September 1, 2021, through September 30, 2025.

39. The remaining funding at risk for this grant, and associated amendments and supplements, totals \$24,517,127.

40. Since September 2021, NCDHHS has used these grant funds in a manner fully consistent with SAMHSA's statements regarding the nature of the grant and NCDHHS' grant application.

41. Initiatives and programs that will be adversely impacted by the termination of these grant funds include Collegiate Recovery Programs, EMS/MAT Bridge programs, UNC Addiction Medicine fellowships, MOUD clinic/mobile clinic, SUD peer information, referral programs military/pregnant women and others.

42. Organizations that will be adversely impacted by the termination of these grant funds include Wake Forest University, UNC School of Medicine, 14 UNC sponsored collegiate recovery programs, Alcohol/Drug Council of NC, and 6 County EMS programs and others.

43. NCDHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide this grant funding it had awarded to NCDHHS.

44. Prior to the grant award termination on March 25, 2025, SAMHSA had never provided NCDHHS with notice, written or otherwise, that the grant administered by NCDHHS was in any way unsatisfactory or out of compliance with the terms of the award.

SAMHSA: Block Grants for Community Mental Health Services – MHBG FY 2021 ARPA Funding

45. The funding period for this grant, and associated amendments and supplements, was from September 1, 2021 through September 30, 2025.

46. The remaining funding at risk for this grant, and associated amendments and supplements, totals \$14,297,458.

47. Since September 2021, NCDHHS has used these grant funds in a manner fully consistent with SAMHSA's statements regarding the nature of the grant and NCDHHS' grant application.

48. Initiatives and programs that will be adversely impacted by the termination of these grant funds include Certified Community Behavioral Health Clinics, First Episode Psychosis Programs (FEP), Peer Programs and others.

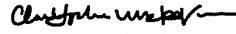
49. Organizations that will be adversely impacted by the termination of these grant funds include Easter Seals, Southlight, Anuvia, UNC FEP programs, UNC Springboard and others.

50. NCDHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide this grant funding it had awarded to NCDHHS.

51. Prior to the grant award termination on March 25, 2025, SAMHSA had never provided NCDHHS with notice, written or otherwise, that the grant administered by NCDHHS was in any way unsatisfactory or out of compliance with the terms of the award.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Executed on March 31, 2025, at Raleigh, North Carolina.



ClarLynda Williams-DeVane (Mar 31, 2025 09:55 CDT)

Dr. ClarLynda Williams-DeVane
Chief Deputy, North Carolina Department of Health
and Human Services

COVID Grant Termination Decl_NCDHHS to DocuSign

Final Audit Report

2025-03-31

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